

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Parker
8924 Autumn Brook Drive
Montgomery, AL 36117

A. Signature X Bebbie Parker	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Bebbie Parker	C. Date of Delivery 3/23/07
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	

2:07 CW 247

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)**7006 0810 0002 2784 5356**

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004